Conducting Comprehensive Contact and Source Case Investigations

Supplement One -4/02 This supplement provides information in addition to the original guideline.

Sample - Contact Examination Order (Suggested language, may place on health department stationery. Note: Information in this format is not appropriate for persons who do not speak or read English and/or have impaired literacy skills. It must be translated or interpreted and explained in a language and in a way that they understand.)

To: (Individual's Name, Address and Date of Birth)

You have been exposed to infectious tuberculosis, and there is a risk that you could become infected with the bacteria that causes the disease. Because of your exposure, a Mantoux tuberculin skin test should be administered as soon as possible. The result of the skin test will determine the need for a more extensive medical evaluation, including a chest x-ray or other medical tests.

In accordance with HFS 145.10(12), I,	, (Local Health
Officer) Health Officer for	(City/County) Health Department,
order you to receive a Mantoux tuberculin	n skin test free of charge as arranged by
Call	(contact name)
at(phone number	r) to make arrangements to receive this test or
with any questions you have about this or	der.
Violation of this order could result in furt	her legal action.
	Date/
Health Officer Signature	Month/Day/Year
Signature acknowledges receipt of the ori	iginal order:
I	Date/
Client's Signature	Month/Day/Year
Witness to service of order:	
	Date / /
Witness Signature	Month/Day/Year
Served by:	Date/
Signature	Month/Day/Year
Circle one : a.) Health Offi	cer form b.) Client form